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I hereby certify that this paper and/or fee is being deposited with the TO ADDRESSEE" service under 37 C.F.R. 1.8 on the date indicate Alexandria, VA 22313-1450.	United States Postal Service "CERTIFIED MAIL POST OFFICE
Name: Neil Santos, III	
Senature	8/22/06 Date
Sygnaphre	Date
IN THE UNITED STATES	PATENT AND TRADEMARK OFFICE
In re Application of: Gunn III, et al	Attorney Docket No. LUX-P020
Serial No.: 10/776,146	Examiner: Song, Sarah U
Filed: 02/10/2004	Art Unit: 2874
For: Optical Waveguide Grating Coupler with Varying	g Scatter Cross Sections
Commissioner of Patents P.O. Box 1450	
Alexandria, VA 22313-1450	
,	
ATTN: Mail Stop Amendment	
<u>AMENDMENT</u>	TRANSMITTAL LETTER
Dear Sir:	
being transmitted herewith. X a. An Amendment for this application: 39 b. Substituted Drawings: sheets. c. A Petition For Extension of Time For Resp d. An Information Disclosure Statement under X e. A stamped, self-addressed, return postcard	ponse under 37 CFR 1.136(a) incorporated herein. er 37 CFR 1.97(b) _X_1.97(c)
2. APPLICANT FILING STATUS:	
a. Applicant is a Large Entity.	
X b. Applicant is a Small Entity.	
below (fees pursuant to 37 C.F.R. 1.17(a)-(e under 37 C.F. R. 1.136 for the total number of months check d). Large Entity Fee Small Entity Fee
Extension Time Fee Total: \$510.00	·

___ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in

hereby authorized to charge any necessary amount associated with this communication or credit any

overpayment to Deposit Account No: 500482.

case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	47	- 97 =	0	x \$ 50.00 Large Entity x \$ 25.00 Small Entity	\$0.00
b. Independent Claims	4	- 7=	0	x \$200.00 Large Entity x \$100.00 Small Entity	\$0.00
c. Multiple Dependent Claims Added By This Amendment x 360.00 Large Entity x 180.00 Small Entity			\$0.00		
d. Extension of T	ime Fee Total, if any	, from above EXTEN	ISION OF TIME	E section 3a.	\$510.00
	s Required With This				\$0.00
e. Total Fees			\$510.00		

5 PAYMENT OF FEES

I ne rui	i iee aue i	in connection	with this	communica	mon is prov	rided as follows	:

	The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to Deposit Account No: 500482 . A <u>duplicate copy</u> of this authorization is enclosed.
<u>X</u>	A Check # 1663 for \$ 510.00 for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to Deposit Account No: 500482 .
	Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

Please direct all correspondence concerning the above-identified application to the following address:

CUSTOMER NO: 22877

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Respectfully submitted,

Dennis S. Fernardez Registration No. 34,160

Date